



Institute for Safety and Health Management
4841 E. County 14 ¼ Street
Yuma, AZ 85365
(877) 201-4053

APPLICATION FOR SUSPENDED STATUS

There is no cost for this application. It must be filled out completely and forwarded to the address above. By signing this application you agree that this status cannot exceed one year in duration and you must notify ISHM, in writing, when you wish to return to regular status. Once returned to regular status you will be billed on a prorated basis to the next complete billing cycle.

Date: _____

Personal Information:

Name: _____

Certification Number: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Primary Email: _____ Secondary Email: _____

Please Check Your Preferences

Correspondence: Email Snail Mail

Phone Contact: Home Work Cell

Personal Certification:

I certify that the information above, together with any attachments, are accurate to the best of my knowledge. The institute is authorized to verify all information submitted. I fully understand that any falsification of information in this application or its attachments may be cause for rejection or withdrawal of certification consideration. I further understand that the institute shall be held harmless from any and all liability should this application be rejected on the basis of information provided hereon or by third parties, making me, in the judgment of the institute ineligible for suspended status.

Signature

Date